Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

http://www.dmas.state.va.us

MEDICAID MEMO

TO: All Providers of Outpatient Mental Health Services who participate in the Virginia Medical Assistance Program, Managed Care and Organizations providing services to Virginia Medicaid recipients and holders of the *Psychiatric Services*, and *Mental Health Clinic* Manuals

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services

MEMO Special
DATE 8/15/2003

SUBJECT: Clarification of New Pre-Authorization Requirements for Outpatient Psychiatric Services (Revised)

The purpose of this memorandum is to provide further clarification regarding the new pre-authorization process for outpatient psychiatric services, as DMAS continues to receive questions concerning these requirements. **NOTE: This memorandum supersedes and replaces the memorandum dated July 1, 2003.**

Effective July 1, 2003, outpatient psychiatric services are limited to 5 sessions in the initial year of treatment without pre-authorization. These initial 5 sessions must be used within one year of the first date of service (anniversary date) and cannot be carried over into subsequent years. An additional extension of up to 47 sessions during the initial year of treatment must be pre-authorized by DMAS.

Clients who have begun their initial year of treatment before July 1, 2003, are entitled to the 26 sessions without pre-authorization as permitted by the previous regulations. Pre-authorization is required before the 27th session. Clients with an existing pre-authorization for outpatient psychiatric services that extends beyond July 1, 2003, may continue to utilize its remaining limits. If, however, the initial year of treatment began before July 1, 2003, outpatient psychiatric services are limited to 26 sessions without pre-authorization, with the possibility of an additional 26 sessions during the initial treatment year when pre-authorized.

The "initial year of treatment" is defined as the 12-month period following the date of the first treatment session, by any Medicaid psychotherapy provider. For example: if a client has their

first treatment session on July 25, 2003, the client's initial year of treatment will end July 24, 2004.

Please note that outpatient psychiatric services are further restricted to no more than three sessions in any given seven-day period and all outpatient psychiatric services for subsequent years of treatment must be pre-authorized.

To request pre-authorization for outpatient psychiatric services, a DMAS-351 (R 6/03) along with a DMAS-412 must be completed. Both forms can be submitted by fax directly to DMAS at:

Local	(804) 225-2603
Toll-free	(866) 248-8796

The psychiatric diagnostic interview (90801) or medication management only (90862) visits are not included as a session. These codes do not require pre-authorization. The psychiatric diagnostic interview (90801) is limited to one interview every 12 months.

For those clients who have Medicare Part B Coverage, pre-authorization is not necessary if a Medicare participating provider is rendering the service.

As of July 1, 2003, pre-authorization of outpatient psychiatric services will not be retroactive. Authorization will begin on the date the request is received by DMAS. Therefore, Medicaid will not reimburse providers for services provided prior to the effective date of the authorization. At the time of evaluation, all information (such as the emergency nature of the case) must be included on the pre-authorization request. The pre-authorization number issued must be used on all claims submitted. The granting of a pre-authorization does not guarantee payment of a claim. You must verify the recipient's Medicaid eligibility before services are rendered.

It is the responsibility of the provider of psychiatric treatment to ascertain from any recipient being accepted for care whether he or she has received psychiatric treatment reimbursed by DMAS and to what extent his or her benefits may have been used.

For more information regarding the pre-authorization requirements and process for certain services reimbursable by Medicaid as of July 1, 2003, or regarding the new MMIS, please refer to the DMAS website at www.dmas.state.va.us and navigate to the 'What's New' web link for Frequently Asked Questions.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is http://virginia.fhsc.com.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its provider manuals and Medicaid Memoranda on the DMAS website at www.dmas.state.va.us. Refer to the Provider Column to find Medicaid and SLH provider manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet, or would like a paper copy of a manual, you can order these by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

"HELPLINE"

The "HELPLINE" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except State holidays, to answer questions. The "HELPLINE" numbers are:

786-6273	Richmond area
1-800-552-8627	All other areas

Please remember that the "HELPLINE" is for provider use only.